



#4
Docket No. 144841-200100

Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):

[] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Assistant Commissioner for Patents, Washington D.C. 20231.

[] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner _____ at Facsimile No. _____ at _____ a.m./p.m.

Dated: July 6, 2001 Name of Person Certifying: Peggy Nichols
Printed Name: _____

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	NeuroGrafix	Assignee:	Aaron G. FILLER
Filing Date:	December 22, 2000	Examiner:	Unassigned
Serial No.:	09/746,429	Group Art Unit:	Unassigned
Title:	System, Method and Article of Manufacture for Managing a Medical Services Network		

Assistant Commissioner for Patents
Washington, D.C. 20231

PETITION AND FEE FOR EXTENSION OF TIME
(37 C.F.R. § 1.136(a))

Sir:

Pursuant to 37 C.F.R. § 1.136(a), Applicant hereby petitions for a three-month extension of time to respond to the Office Action mailed on February 2, 2001

1. This communication is in connection with the matter for which this extension is requested

- a. ☒ is filed herewith; or
b. ☐ has been filed on _____.

2. ☒ Applicant(s) claim Small Entity Status under 37 CFR § 1.27.

07/13/2001 AZERGAW1 00000125 501189 09746429

01 FC:217 445.00 CH

TOTAL FEES: \$510.00

☒ Conditional Petition for Extension of Time: An extension of time is requested to provide for timely filing if an extension of time is still required after all papers filed with this communication have been considered.

☐ Check in the amount of \$ _____, Check No. _____ to cover the Total Fees due is enclosed.

☒ Please charge the above fee(s) to Deposit Account No. 50-1189, Docket No. 144841200100, in the amount of \$510.00 to cover the above fees. *A duplicate copy of this sheet is attached.*

☒ The Commissioner is hereby authorized to charge payment of any additional fees due or credit any overpayment to Deposit Account No. 50-1189, Docket No. 144841200100. *A duplicate copy of this sheet is enclosed.*

Having now complied with all of the requirements of 37 C.F.R. 1.53, applicant respectfully requests that this application be placed upon the files for examination.

Date:

July 6, 2001

Respectfully submitted,

By:

Antoinette F. Konski

Antoinette F. Konski

Registration No. 34,202

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